

Receipt
Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of : Tom Westberg, et al.

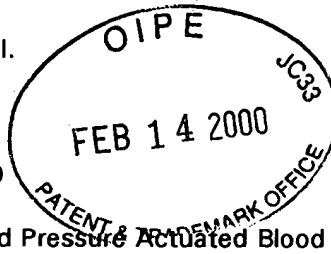
Examiner: Unknown

Serial No. : 09/390,268

Group Art Unit: 3735

Filed : September 3, 1999

For : Programmable, Fluid Pressure Actuated Blood Processing Systems and Methods



REQUEST FOR CORRECTED FILING RECEIPT

Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:

Enclosed is a copy of the official filing receipt issued in the above matter.

Applicant requests the Patent Office to issue a new, corrected Filing Receipt in the above matter as follows:

Applicant requested all correspondence to be sent to the following address:

BAXTER HEALTHCARE CORPORATION
Bradford R.L. Price, Fenwal Division RLP-30
Route 120 and Wilson Road
Round Lake, Illinois 60073

(A copy of the Declaration/Power of Attorney submitted in this matter which shows the correspondence address is attached.)

All requested changes are shown in red on the attached copy of the official filing receipt.

Please issue a corrected filing receipt bearing the correct mailing address of applicant's attorney(s).

Respectfully submitted,

By _____

Daniel D. Ryan
Registration No. 29,243

RYAN KROMHOLZ & MANION, S.C.
P.O. Box 26618
Milwaukee, Wisconsin 53226
(262) 797 - 6700
February 9, 2000
F-5481

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C., 20231, on 2/9/2000

By Jedidah Biebel
Dated 2/9/2000

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MAR 17 2000
TECHNOLOGY CENTER 3700

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

O I P E
FEB 14 2000

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRY/ISS	TOT CL	IND CL
09/390,268	09/03/99	3735	\$1,466.00	F-5481	43	6 TR30	MARK OFFICE

~~DANIEL D RYAN
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MILWAUKEE WI 53203~~

Bradford R.L. Price, Fenwal Division
RLP-30
BAXTER HEALTHCARE CORPORATION
ROUTE 120 & WILSON Road
Round Lake, IL 60073

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) TOM WESTBERG, GURNEE, IL; ROHIT VISHNOI, DEERFIELD, IL.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/22/99

TITLE

PROGRAMMABLE, FLUID PRESSURE ACTUATED BLOOD PROCESSING SYSTEMS AND METHODS

PRELIMINARY CLASS: 604

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DEC 21 1999

RYAN KROMHOLZ & MANION S.C.

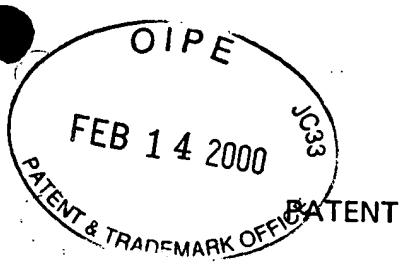
DATA ENTRY BY: JACKSON, MINNIE

TEAM: 04 DATE: 12/14/99



(See reverse for new important information)

COPY



Attorney's Docket No. F-5481

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Programmable, Fluid Pressure Actuated Blood Processing Systems and Methods

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

(a) is attached hereto.
(b) was filed on September 3, 1999 as Serial No. 09/ 390,268
or Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) was described and claimed in PCT International Application No. _____ filed on _____
and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

[] In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [x] no such applications have been filed.
(e) [] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Arnold J. Ericsen (16,879)
John M. Manion (38,957)
Daniel D. Ryan (29,243)
Bradford R.L. Price (29,101)

Ralph G. Hohenfeldt (17,717)
Allan O. Maki (20,623)
Joseph A. Kromholz (34,204)
Denise M. Serewicz (36,928)

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

BAXTER HEALTHCARE CORPORATION
Bradford R.L. Price, Fenwal Division RLP-30
Route 120 and Wilson Road
Round Lake, Illinois 60073

Bradford R.L. Price
(847) 270 - 2632

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

THOMAS TOM
(GIVEN NAME)  (MIDDLE INITIAL OR NAME) WESTBERG
FAMILY (OR LAST NAME)

Inventor's signature

Date 11/15/99 Country of Citizenship FINLAND

Residence GURNEE, ILLINOIS

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GURNEE, ILLINOIS 60071 60031

TW 11/15/99

Full name of second joint inventor, if any

ROHIT
(GIVEN NAME)  (MIDDLE INITIAL OR NAME) VISHNOI
FAMILY (OR LAST NAME)

Inventor's signature

Date 11/11/99 Country of Citizenship INDIA

Residence DEERFIELD, ILLINOIS

Post Office Address 235 WILLOW AVENUE
DEERFIELD, ILLINOIS 60015

Full name of third joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

Full name of fourth joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

Full name of fifth joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature

Date Country of Citizenship

Residence

Post Office Address

CHECK PROPER BOXES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

[] Signature for sixth and subsequent joint inventors. Number of pages added _____

* * *

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. Number of pages added _____

* * *

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under
37 CFR 1.47. Number of pages added _____

* * *

[] Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (CIP) application.

[] Number of pages added _____

* * *

[] Authorization of attorney(s) to accept and follow instructions from representative

* * *

*(If no further pages form a part of this declaration then end this declaration with this
page and check the following item:)*

[x] This declaration ends with this page